

New York State Department of Taxation and Finance

**Summary of Federal Form W-2 Statements** 

New York State • New York City • Yonkers

See instructions on back. Taxpayer's first name and middle initial		Taxpayer's last name	-		▼ Your social security number
Spouse's first name and middle initial		Spouse's last name			Spouse's social security number
W-2 Box c Employer's name Record 1	e and full address	s (including ZIP code)			
L	Box 12a	Amount	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
Box b Employer identification number (EIN)		•			· · · · · · · · · · · · · · · · · · ·
	Box 12b	Amount	Code		Box 17 New York State income tax withheld
This W-2 is for <i>(mark an X in one box)</i> : Taxpayer Spouse	Box 12c	Amount	Code		Box 18 Local wages, tips, etc.
		•		Locality a	•
Box 1 Wages, tips, other compensation	Box 12d	Amount	Code	Locality b	Box 19 Local income tax withheld
Box 8 Allocated tips		] • [		Locality a	
•		itory employee		Locality b	
Box 9 Advance EIC payment	Box 14a	Amount		Code	Box 20 Locality name
Box 10 Dependent care benefits	Box 14b	Amount		Code	Locality b
•		•			
Box 11 Nonqualified plans	Box 14c	Amount		Code	Corrected (W-2c)
•		•			
W-2 Box c Employer's name Record 2	e and full address	s (including ZIP code)			
Box b Employer identification number (EIN)	Box 12a	Amount	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
	Box 12b	Amount	Code		Box 17 New York State income tax withheld
This W-2 is for (mark an <b>X</b> in one box):		•			•
Taxpayer Spouse	Box 12c	Amount	Code		Box 18 Local wages, tips, etc.
Box 1 Wages, tips, other compensation	Box 12d	Amount	Code	Locality a Locality b	
·		•		Loodiny D	Box 19 Local income tax withheld
Box 8 Allocated tips				Locality a	•
	Box 13 Statu	itory employee		Locality b	•
Box 9 Advance EIC payment					
Box 9 Advance EIC payment	Box 14a	Amount		Code	Box 20 Locality name
Box 9 Advance EIC payment Box 10 Dependent care benefits					Box 20 Locality name
•	Box 14a	Amount		Code	Box 20 Locality name

## Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



**IT-2** 

W-2 Box c Employer's name						
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Record 3						
	Box 12a	Amount		Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
Box b Employer identification number (EIN)						
	Box 12b	Amount		Code		Box 17 New York State income tax withheld
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This W-2 is for <i>(mark an X in one box)</i> :	Box 12c	Amount	•	Code		Box 18 Local wages, tips, etc.
Taxpayer Spouse	BOX 120	Amount				
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Box 1 Wages, tips, other compensation	Box 12d	Amount		Code	Locality b	
•			•			Box 19 Local income tax withheld
Box 8 Allocated tips					Locality a	•
•	Box 13 Statut	ory employee			Locality b	•
Box 9 Advance EIC payment	Box 14a	Amount			Code	Box 20 Locality name
•						Locality a
Box 10 Dependent care benefits	Box 14b	Amount			Code	Locality b
Box 11 Nonqualified plans	Box 14c	Amount			Code	
		/ inount			0000	Corrected (W-2c)
•			•			
10						
W-2 Box c Employer's name						
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	and full address	(including ZIP cod	le)			
Record 4	and full address	(including ZIP cod	le)			
	and full address	(including ZIP cod	le)			
	Box 12a	(including ZIP coo	le)	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
			le)	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
Record 4			le)	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
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Box b Employer identification number (EIN)	Box 12a	Amount	le)			Box 17 New York State income tax withheld Box 18 Local wages, tips, etc.
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Box b Employer identification number (EIN) This W-2 is for (mark an X in one box):	Box 12a Box 12b	Amount	le)	Code		Box 17 New York State income tax withheld Box 18 Local wages, tips, etc.
Box b Employer identification number (EIN)         This W-2 is for (mark an X in one box):         Taxpayer         Spouse         Box 1 Wages, tips, other compensation         •	Box 12a Box 12b Box 12c	Amount Amount Amount	le)	Code Code	Locality a	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc.
Box b Employer identification number (EIN)	Box 12a Box 12b Box 12c	Amount Amount Amount	le)	Code Code	Locality a	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld
Box b Employer identification number (EIN)         This W-2 is for (mark an X in one box):         Taxpayer         Spouse         Box 1 Wages, tips, other compensation         •	Box 12a Box 12b Box 12c Box 12c Box 12d	Amount Amount Amount		Code Code	Locality a Locality b	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld
Box b Employer identification number (EIN)         This W-2 is for (mark an X in one box):         Taxpayer         Spouse         Box 1 Wages, tips, other compensation         •	Box 12a Box 12b Box 12c Box 12c Box 12d	Amount Amount Amount Amount		Code Code	Locality a Locality b Locality a	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld
Box b Employer identification number (EIN)         Image: This W-2 is for (mark an X in one box):         Taxpayer       Spouse         Box 1 Wages, tips, other compensation         Image: Box 8 Allocated tips         Image:	Box 12a Box 12b Box 12c Box 12d Box 13 Statut	Amount Amount Amount Amount		Code Code	Locality a Locality b Locality a Locality b	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality name
Box b Employer identification number (EIN)	Box 12a Box 12b Box 12c Box 12c Box 12d Box 13 Statut Box 14a	Amount Amount Amount Amount tory employee Amount		Code Code	Locality a Locality b Locality a Locality b Code	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality name Locality a
Box b Employer identification number (EIN)         Image: This W-2 is for (mark an X in one box):         Taxpayer       Spouse         Box 1 Wages, tips, other compensation         Image: Box 8 Allocated tips         Image:	Box 12a Box 12b Box 12c Box 12d Box 13 Statut	Amount Amount Amount Amount		Code Code	Locality a Locality b Locality a Locality b	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality name
Box b Employer identification number (EIN)         Image: Spouse in the system is spouse in t	Box 12a Box 12b Box 12c Box 12c Box 12d Box 13 Statut Box 14a Box 14b	Amount Amount Amount Amount cory employee Amount Amount		Code Code	Locality a Locality a Locality a Locality a Locality a Locality b Code	Box 17 New York State income tax withheld Box 18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality name Locality a
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## **General instructions**

Who must file this form -- All filers of New York State income tax returns who received federal Form W-2 statements must complete Form IT-2.

**How to complete Form IT-2** — Complete one *W-2 Record* section for each federal Form W-2 you (and if filing jointly, your spouse) received. Enter only the information requested on Form IT-2. Complete additional Form(s) IT-2 if necessary. You must complete a *W-2 Record* even if the federal Form W-2 does not show any New York State, New York City, or Yonkers wages or tax withheld.

Each box on the *W-2 Record* section corresponds to a numbered box on federal Form W-2. Enter the amount, code, or description provided on federal Form W-2 in the corresponding numbered boxes on the Form IT-2, *W-2 Record*.

Attach this form (IT-2) to your New York State income tax return, Form IT-150, IT-201, IT-203, or IT-205. Attach additional Forms IT-2 if applicable. **Do not** attach your federal W-2 forms; keep them for your records.

## **Specific instructions**

In **box b and box c**, enter the employer identification number (EIN) and employer's name and address as they appear on the corresponding federal Form W-2. Also, mark an **X** in the applicable box to indicate if the W-2 is for you or your spouse.

**Box 13** — Mark an *X* in box 13 of the *W-2 Record* if the corresponding box on federal Form W-2 is marked.

**Boxes 15 through 20** — Complete these boxes **only** if your federal W-2 has New York State, New York City, or Yonkers withholding shown in box 17 or box 19.

**Corrected (W-2c)** — If the *W-2 Record* is for a federal W-2c, *Corrected Wage and Tax Statement*, mark an **X** in the *Corrected (W-2c)* box.



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